

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

X Fire Drill (5 required)(3 by 12/1)

_____ Standard

_____ Tornado Drill (2 required)(1 in March)

X Class Change

_____ Shelter in Place (1 required)

_____ Recess

_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

_____ Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School: ERMS

Date of Drill: 10-11-16

Time Drill was held: 1:27 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 4 min

Total Participants: 8:05

Remarks: _____

This report is for Emergency Drill

Fire# 3 out of 5 for school year 2016 /2017

Tornado# _____ out of 2 for school year 20____/20____

Shelter IP# _____ out of 1 for school year 20____/20____

Lockdown# _____ out of 2 for school year 20____/20____

Cardiac# _____ out of 1 for school year 20____/20____

Name of person conducting drill: Shannon Ouellette

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: Shannon Ouellette

Fire (fire chief or designee) present

Name and Title: _____

**MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL
FAX NUMBER 866-7112**